MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000

mednet
The preferred choice for healthcare solutions

MEMBER DETAILS				BENEFIT DETAILS
MEMBER NAME	: ACHAIA STEPHANIE MANZANO ANDREY			Please follow benefits list for other deductible/copayment details
INSURANCE PLAN	: TOKIO MARINE & NICHIDO FIRE INSURANCE COMPANY LIMITED (DUBAI BR)			
DHA MEMBER ID	:			
EID	: 784-1992-3628107-9	DOB	: 04-07-1992	
CARD NUMBER	: 097111610214812502	GENDER	: Female	
MOBILE NUMBER	: 0566330804	START DATE	: 31-01-25	
MEMBER NETWORK	: Silver Premium	END DATE	: 31-01-25	

PRE-APPROVAL PROTOCOL:Please follow standard MedNet approval protocols

SUBJECTIVE

co dizzyness lethargy weakness

29th jan. 2025

oe

pallor ill looking

chest is clear no added sounds

restless

OBJECTIVE

Temp: 36.4 °C RR : 18 bpm PR : 86 BP : 112 bpm Weight : 67 kg

PLAN **PHARMACEUTICALS**

Code	Generic	Dosage	Duration	Instructions
7020-992801-1171	(VITAMIN D (AS CHOLECALCIFEROL) : 5 MCG) (VITAMIN B12 : 2.4 MCG) (BETA CAROTENE : 1740 MCG) (MOLYBDENUM : 23 MCG) (VITAMIN C (ASCORBIC ACID) : 45 MG) (IODINE : 33 MCG) (IRON : 3.5 MG) (THIAMINE : 1.2 MG) (ZINC : 7 MG) (SELENIUM : 20 MCG) (MANGANESE : 1.8 MG) (MAGNESIUM : 120 MG) (BIOTIN : 30 MCG) (RIBOFLAVIN : 1.3 MG) (FOLIC ACID : 200 MCG) (CALCIUM : 250 MG) (VITAMIN K1 : 30 MCG) (CHROMIUM : 25 MCG) (COPPER : 0.45 MG) (PANTOTHENIC ACID : 5 MG) (VITAMIN B6 : 1.3 MG) (VITAMIN E : 4.5 MG) (NIACIN	TABLETS (60S, BOTTLE)	30	Take 1 Unit(s), 1 Time(s) per Day For 30 Day(s)

PLAN **DIAGNOSTIC PROCEDURES**

Diagonosis: D64.9 - Anemia, unspecified, R23.1 - Pallor

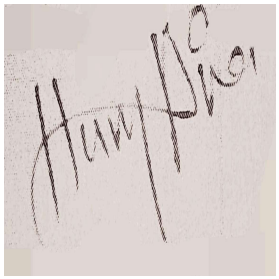
Treatments: 9, GP Cons

Facility Name: CITICARE MEDICAL CENTER LLC

Telephone No: 047700948

Physician's Name: Humaira

Physician's Stamp &Signature:



Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient Registered by: CITICARE MEDICAL CENTER LLC

Date and Time: 31-01-2025

Card Holder's Signature:

"I hereby authorize any MedNet personnel to access my medical file"

DISCLAIMER:

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.

CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883

E-mail: mcc@mednet.com

Contains Confidential Medical Information. Not To Be Handled By Unauthorized personnel